

Del Norte Swim Team Emergency Form

Child's Name _____ M / F Date of Birth _____

Address _____

City _____ Zip Code _____

Parent's Name _____

Home Phone _____ Work Phone(s) _____

Cell Phone _____ Other _____

Email _____

If my child is ill or has an emergency and I cannot be reached, please contact:

Name _____ Phone _____

Name _____ Phone _____

Person, other than parents, that is authorized to pick up child from Del Norte:

Name _____ Relationship _____

Please mark any of the following that apply to your child:

Epilepsy: ___ Heart Condition: ___ Nose Bleeds: ___ Migraines: ___ Asthma: ___

Allergies: Bee Stings: ___ Peanuts: ___ Medication: ___ please describe _____

Physical Limitations: _____

Medications: _____ Current Dosage: _____

Name of Insurance: _____ ID#: _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Any other health problem we should know about to assure your child's well being?

I hereby give my permission for my child, _____, to participate in the Del Norte Dolphins Swim Team. In consideration for participation in this program, I release Del Norte, its owners, agents, employees, and volunteer parent board from any and all liability that may arise as a result of accident or injury during the program. In the event of a medical emergency, I give my permission for a physician to provide the needed medical care for my child.

Parent/Guardian Signature

Date